

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343137 </div>		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name (Last, First, Middle Initial) of Payee Issue & Image Advocacy Advertising			Date MM / DD / YYYY 10 / 01 / 2012		
Mailing Address 211 N Union St, Suite 100			Amount 75000.00		
City Alexandria		State VA	Zip Code 22314		
Purpose of Expenditure Radio airtime-Jim Matheson		Category/ Type	Transaction ID : E0204821E7CC14CFBA85 Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Jim Matheson			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Calendar Year-To-Date Per Election for Office Sought 75000.00					
Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			MM / DD / YYYY		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Calendar Year-To-Date Per Election for Office Sought					
(a) SUBTOTAL of Itemized Independent Expenditures.....			75000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....			75000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature William Robb		[Electronically Filed]		Date MM / DD / YYYY 10 / 01 / 2012	